

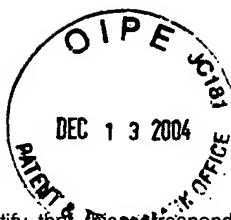
TRANSMITTAL FORM DEC 13 2004 (to be used for all correspondence after initial filing)	Attorney Docket No.	8060/498
	Application Number	10/783,387
	Filing Date	June 4, 2004
	First Named Inventor	Richard ZAGROBELNY
	Group Art Unit	2881
	Examiner	J. Smith

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Amendment / Response to Restriction/Election Req. After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Status Letter <input type="checkbox"/> Extension of Time Request (duplic) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement, PTO-1449, art <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawings: <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Applicant claims small entity status. <input type="checkbox"/> Request of Refund	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Post Card Receipt <input type="checkbox"/> Additional Enclosure(s) (please identify below): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-0930. A duplicate copy of this sheet is enclosed.		

CALCULATION OF FEE

				Small Entity		or	Large Entity	
	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total		Minus		0	x \$9=	0	x \$18=	
Indep.		Minus		0	x \$42=	0	x \$84=	
First Presentation of Multiple Dep. Claim					+\$140=	---	+\$280=	
					total add'l fee	\$ 0	total add'l fee	\$ 0

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	Michael H. Baniak/Steven B. Courtright Registration No. 30,608/40,966 BANIAK PINE & GANNON 150 N. Wacker Drive, Suite 1200 Chicago, Illinois 60606		
Signature		Date:	December 8, 2004
CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450 on: December 8, 2004			
Signature		Date:	December 8, 2004



I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on December 8, 2004.

Michael H. Baniak / Steven B. Courtright
Name of Applicants, Assignee, or Registered Representative

Steven B. Courtright
Signature

December 8, 2004
Date of Signature

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/783,387
Applicant(s) : Richard Zagrobelny
Filed : June 4, 2004
TC/A.U. : 2881
Examiner : J. Smith
Docket No. : 8060/498
Title : ULTRAVIOLET STERILIZATION
DEVICE

Confirmation No. 6410

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This is responsive to the Examiner's Action dated September 8, 2004. Please reconsider the rejection of the Claims in view of this Amendment and the following Remarks.